State of Michigan
Department Human Services
Bureau of Family Services
P.O. Box 30650
Lansing, Michigan 48909
www.michigan.gov/dhs

## REQUEST FOR MODIFICATION OF THE TERMS OF THE LICENSE/REGISTRATION

Facility/Licensee Name	Street Address			License Number	
City	State	Zip Code	County	Telephone Number	
Specific Modification Request					
☐ Change of Capacity Explain:					
☐ Change of Use Space Explain:					
☐ Change of Age Ranges	Explain:				
☐ Program Components	Explain:				
☐ Other	Explain:				
Additional Comments					
Licensee Signature				Date	

PLEASE RETURN TO YOUR LICENSING CONSULTANT AT YOUR LOCAL LICENSING OFFICE